

**Remarks to the American Nurses Association**

*June 16, 2010*

Hello, everybody! All right, everybody, have a seat. I got a lot to say here. *[Laughter]* First of all, I want to just thank Becky Patton for the extraordinary work that she has done on behalf of nurses, on behalf of patients, on behalf of the country. Thank you so much. We are proud of everything that she's done. And her mom's in the house, so thanks, Mom. Good job. Good job with Becky.

I want to thank Marla Weston, the CEO of the American Nurses Association. And I also want to acknowledge the presence here of Dr. Mary Wakefield, who is our—*[applause]*—for those of you who are not familiar, she is the administrator of HRSA and our highest ranking nurse in the administration and is—*[applause]*—does absolutely great work.

Now, I want to tell you, it is an honor to speak to the ANA, representing more than 3 million registered nurses across the country. Part of the reason I'm here is because I promised I was going to come, and I told to Becky that I don't break promises to nurses because you never know when I'm going to need a shot. *[Laughter]* And I don't want them working that needle all kind of—"I can't find the vein." *[Laughter]* So I'm keeping my promises.

But it's not just out of fear. *[Laughter]* It's also because I love nurses. I love nurses. Now, I'm not just saying that because I'm talking to a roomful of nurses. There are representatives from Illinois here in the house, and they will testify, I loved nurses before I got to Washington. And I don't think I'm alone in that, because virtually all of us, at one time or another in our lives, have known the care and the skill that you offer. In hours of need, in moments where people are most vulnerable, most worried, nurses are there, doing difficult and lifesaving work.

And you don't just provide clean bandages or an intravenous line. A nurse will hold your hand sometime or offer a voice of calm or that knowing glance that says, things are going to be okay.

And when Malia was born, I remember vividly the nurses who took care of Michelle and our new baby. The doctor who delivered is actually one of our best friends, but she was there about 10 minutes. *[Laughter]* And the nurse was there the whole time tending to this new family of ours. That was a happy day. Now, there was another day, when our youngest daughter, Sasha—she was 3 months old—was diagnosed with meningitis. And it was nurses who walked us through what was happening and who, along with the doctors, helped make sure that Sasha was all right and that her father did not have a breakdown. *[Laughter]*

So as a father, as a husband, I will forever be in debt to the women and men of your profession. And I know that millions of others feel the same way. America's nurses are the beating heart of our medical system. You're on the frontlines—*[applause]*—you are on the frontlines of health care in small clinics and in large hospitals, in rural towns and in big cities all across America.

And it's because you know our health care system so well that you've been such a fierce advocate for its reform. Because after all, you care for patients who end up in the emergency room or in surgery because they couldn't afford the preventive care that would have made more invasive and costly treatment unnecessary. You are asked not only to take care of patients,

you've got to navigate a tangle of rules and forms and paperwork that drive up costs and prevent you from doing the best job possible.

You're the ones who see the terror in a parent's eyes when an insurance company bureaucrat has denied coverage for a child's treatment. And you're the ones who have to comfort people who are wracked with worry not only about getting better but also about paying for health care because they've hit a cap on benefits or their insurance doesn't cover a preexisting condition.

So nurses have seen the consequences of our decades-old failure to reform our health care system: the rising costs, the increased uninsured, the mixed up incentives, the overburdened providers, and a complex system that has been working a lot better for insurance companies than it's working for the American people or for providers.

And that's why, almost a year ago, nurses from across the country came to the White House to help make the case for reform, for making coverage more affordable and extending coverage to millions without it, for giving doctors and nurses more freedom to help their patients, for providing families and small businesses with more control over their health insurance, and for ending the worst and most abusive practices of the insurance industry.

And after a long and tough fight, we succeeded—yes we did—in passing health care reform. Thanks to you. And that reform will make a positive difference in the lives of the American people.

Now, this fight wasn't new for the ANA. I understand you were one of the only major health care organizations that supported the creation of Medicare from the start. And I want to recognize one of your leaders—Jo Eleanor Elliott of Colorado, who is here today and was your president back then—for the courage and leadership she showed. Where is she? There you are right there. Give her a big round of applause.

So you've been there before, and you were here this time. I want to thank the ANA for advocating for health care reform, for ensuring that the voices of nurses and of patients were heard.

Now, already, we're seeing the start of a profound shift as reforms begin to take effect. We're giving ordinary consumers and small businesses more power and protection in the health care system, and we're knocking down barriers that stand between you and the people who you care for.

A few weeks ago, 4 million small-business owners and organizations got a postcard in their mailbox from the IRS. Now, usually that's not—*[laughter]*—good news. But this time it was, because it told them that they could be eligible for a health care tax cut this year, a tax cut worth potentially tens of thousands of dollars for those small businesses, a tax cut that will help millions to provide coverage to their employees. That's happening now.

In many cases, young adults without health insurance are now able to stay on their parents' plan until they're 26 years old. Even though insurance companies had until September to comply with this rule, we asked them to do so immediately to avoid coverage gaps for young adults, and most have agreed.

Starting this month, relief is also available to businesses for providing coverage to retirees who are not yet eligible for Medicare. And as of last week, senior citizens who fall into the doughnut hole have started receiving a 20—a \$250 rebate to help them afford their medication, and we're going to keep on going until we close that doughnut hole completely. In

the meantime, we're strengthening Medicare by going after the billions of dollars in waste and fraud and abuse in the system. And States like Maine and Connecticut are beginning to predict budget savings as pieces of reform come on line.

So we've begun making coverage more affordable. In addition, the new health care law has also started to end the worst insurance industry practices. You know them. For too long, we've been held hostage to an industry that jacks up premiums and drops coverage whenever they please. Those days are coming to an end.

So after my administration demanded that a large insurance company justify a massive premium increase on Californians, the company backed off its plan. My Secretary of Health and Human Services, Kathleen Sebelius, has urged States to investigate other rate hikes. We've set up a new Office of Consumer Information and Insurance Oversight. And we'll provide grants to States running the best oversight programs to root out bad practices when it comes to premiums.

Now, as of September, the new health care law prohibits insurance companies from dropping people's coverage when they get sick, which is critical to giving people some peace of mind. But when news reports indicated that an insurance company was dropping the coverage of women diagnosed with breast cancer, my administration called on them to end the practice immediately—don't wait till September. And soon after, the entire industry announced that it would comply with the new law early and stop this perverse practice of dropping people's insurance when they fall ill and when they need coverage the most.

Some were also questioning whether insurance companies could find a loophole in the new law and continue to discriminate against children with preexisting conditions. So we called on insurance companies to step up, provide coverage to our most vulnerable Americans. And the insurance industry has agreed.

In just 2 weeks, Americans denied coverage because of preexisting conditions will be able to enroll in a new national insurance pool. And for States that opt to run their own pools using funds from the new law, we're urging them to begin enrolling people as soon as possible. And these pools are going to provide some short-term relief, but they're temporary. They're going to ensure that folks who have been shut out of the market because they've been sick can access more affordable insurance starting right away. But what we want is these health insurance exchanges up and running in a few years so that, at that point, this kind of discrimination will finally be banned forever. And that's when those—[applause]—that's when the millions without coverage, including people with preexisting conditions, will have the access to the same types of insurance plans that Members of Congress get. And you know those must be pretty good.

We're also going to be putting in place a patient's bill of rights that will tell insurance companies that they can't put a restrictive limit on the amount of coverage you get in your lifetime or in a given year. It will prevent insurance companies from rescinding your coverage when you get sick because of an administrative error. It will provide simple and clear information to consumers about their choices and their rights.

And beyond making insurance more affordable and more secure, reform also will mean changes that make it easier for you, the backbone of the health care system, to do your jobs. Already, over the past year, we've made one of the largest investments in nursing and health workforce in recent history. We passed landmark reforms to make college more affordable,

which can help more people gain a nursing degree, even as we provide grants and aid for more than 15,000 nurses seeking graduate degrees and other training.

And we've begun the transition to private and secure computerized health records, because this will not only reduce errors and costs—I know you can't read those doctors' handwriting—[laughter]—it will mean you can spend more time with patients and less time with paperwork. And that's why you got into the profession.

Now, there is more work to do. And that's why today my administration is announcing a number of investments to expand the primary care workforce. And this includes funding to allow students training part-time to become nurse practitioners to start training full-time. We want to speed up the process where folks go from the classroom into the exam room. And we're going to provide resources for clinics run by registered nurses and nurse practitioners.

Without these nurses, many people in cities and rural areas would have no access to care at all. Now, all of these steps are part of a larger effort to make our system work better for nurses and for doctors and to improve the quality of care for patients. And by focusing on primary medicine, we will finally recognize the role of all talented and skilled health care providers, including nurses.

I don't have to tell you that nurses all too often have been given short shrift. Even amidst a nursing shortage, when there are cutbacks, you feel the squeeze in salaries or the reduction in shifts, despite being overworked and underpaid. And, as you know, this disregard goes beyond numbers on a ledger. There have been a bunch of times, I'm sure, when the service you rendered is thought to be less consequential or valuable than that of other professions. That's what has to change.

It's important that we not only ensure that you have the support to do your jobs; we're seeking to elevate and value the work that you do, because throughout our history, nurses have done more than provide care and comfort to those in need. Often with little power or sway on their own, nurses—mostly women, historically—have been a force of will and a sense of common decency and paved the way towards better care and a more compassionate society, from Clara Barton's treatment of wounded soldiers at Antietam to the advocacy of Dorothea Dix on behalf of people with mental disabilities to the countless nurses whose names we'll never know.

One of America's greatest poets, Walt Whitman, also served as a nurse during the Civil War. And the experience changed him forever. And later, he would reflect on that time, on both the heartbreak and the fulfillment he found during those years. And he wrote:

I thread my way through the hospitals,  
The hurt and wounded I pacify with soothing hand,  
I sit by the restless all the dark night, some are so young,  
Some suffer so much, I recall the experience sweet and sad.

Sweet and sad. Your jobs are tough. Your days can be stressful and exhausting and sometimes thankless. But through long shifts and late nights, in the hectic scrum of the emergency room or in those quiet acts of humanity, you are saving lives, you are offering solace, you're helping to make us a better nation. And my task as President—our task as a people—is to ensure that our health care system is worthy of your efforts. Our mission must be to live up to the values that you uphold each and every day.

So thank you. God bless you, and God bless the United States of America. Thank you, everybody.

NOTE: The President spoke at 5:27 p.m. at the Washington Hilton. In his remarks, he referred to Rebecca M. Patton, president, American Nurses Association, who introduced the President, and her mother Mary Ellen Patton; and Anita Blanchard, associate professor of obstetrics/gynecology, University of Chicago Medical Center.

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